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Bib Data Sheet

CONFIRMATION NO. 2611

<b>SERIAL NUMBER</b> 09/202,215	<b>FILING DATE</b> 10/05/1999 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2673	<b>ATTORNEY DOCKET NO.</b> 021506.0116	
<b>APPLICANTS</b> MARK VAYDA, MCLEAN, VA; NANCY WEYL, MCLEAN, VA; <b>** CONTINUING DATA *****</b> <i>yes. VS</i> THIS APPLICATION IS A 371 OF PCT/US97/09845 06/10/1997 <b>** FOREIGN APPLICATIONS *****</b> <i>yes. VS</i> UNITED STATES OF AMERICA 08/660944 06/10/1996 <p style="text-align: center;"><b>** SMALL ENTITY **</b></p>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>VS</i> Verified and Acknowledged <i>VS</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26118					
<b>TITLE</b> UNIVERSAL INPUT DEVICE AND SYSTEM					
<b>FILING FEE RECEIVED</b> 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/202,215	10/05/99	345	<del>2775</del> 2673	021506.0116

APPLICANT

MARK VAYDA, MCLEAN, VA; NANCY WEYL, MCLEAN, VA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

none VF

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A 371 OF PCT/US97/09845 06/10/97

yes VF

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED UNITED STATES 08/660944 06/10/96

yes VF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/21/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>VF</u> Examiner's Initials	VA	22	52	1

ADDRESS  
BAKER & BOTTS  
THE WARNER  
1299 PENNSYLVANIA AVENUE NW  
WASHINGTON DC 20004-2400

TITLE

UNIVERSAL INPUT DEVICE AND SYSTEM

FILING FEE RECEIVED	FEEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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